

## MISSOURI DEPARTMENT OF TURAL RESOURCES WASTE MANAGEMENT PROGRAM

## **NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

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FOR OFFICIAL USE ONLY																														
COMMENTS																														
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	INSTALLATION'S EPA ID NUMBER									APPROVED			YR. MO.			0.	D	AY			4	>1	10	)						
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						ETING	G ТО І	BURN	ER				l c. ı	BURN	ER	-							UEL M			CIFIC	ATIO	N	NEH)	'
B. OTHER MARKETER C. BURNER WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION  VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE																														
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oil fu																	(0)			_							p 0 0	, out,	J u	
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VIII.			TR	ANSI	_			TRAI	NSP(						X' IN	THE	7			IE B	OX(I	:S)	7							
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IX. F																														
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MO 780-1164 (8-88)

EPA 8700-12/MDNR HWG-1

R00123768 RCRA RECORDS CENTER

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X. DESCRIPTION										0.05				C. Paka	4 5			,		-:6:-	
	A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.															CITIC					
WASTE I.D. NO.	F	0	0	2																	
AMOUNT AND		220	) lha	В				lbs.					bs.					lbs.			
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B. Wastes from Spec your installation ha																	te fror	n spec	ific sou	rces	
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C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.																					
WASTE I.D. NO.	-				8											,			ā		
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D. (Reserved)																					
E. Characteristics of N handles. (See 40 CF																					
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PRINCIPAL BUSI	NESS	ACTI\	/ITY	Co	nst	turct	ion	Mate	rials	Te	sting	Serv	ice								
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) 7397																					
CHECK THIS BOX	( IF Y	DU GE	ENER	ATE/A	CCI	JMULA	ATE L	ESS T	HAN A	RE	PORTAE	BLE Q	UAN	TITY				b			
XI. CERTIFICAT	ION										,										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																					
SIGNATURE					_			D	onald	W.	Buchm	iue 11	er	C .		DATE		14/2	68		
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V. Ownership Professional Service Industries, Inc 510 East 22nd Street Lombard, IL 60148